OHIO VALLEY REGION
Advancing the Sport of Volleyball
www.ovr.org

SUDDEN CARDIAC AWARENESS TRAINING SIGNATURE SHEET

Club Name:_____

OVR Team ID Number:_____

The following individuals by signing this form affirm that they have completed all necessary requirements for the Sudden Cardiac Awareness training (Lindsay's Law) required by the state of Ohio.

DATE	PRINT LEGAL NAME	SIGNATURE LEGAL NAME	Webpoint ID Number